## "ART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEL Commissioner for Patters P.O. Box 1450. Alexandria, Virginia 22313-1450

|   |  |  |  | F <u>FAX</u> (5/1)-2/3-2885   |  |   |  |
|---|--|--|--|---|--|---|--|
| INSTRUCTIONS: This for<br>appropriate. All further equindicated unless corrected<br>maintenance fee notification  | orm should be used for train<br>orrespondence including the<br>below or directed otherwise<br>ons.                             | nsmitting the ISSI<br>Patent, advance of<br>in Block I, by (a                      | JE FEE and<br>rders and no<br>a) specifying  | PUBLICATION FEE (if required tification of maintenance fees a new correspondence address  | aired). Blocks I through 5<br>will be mailed to the currer<br>s; and/or (b) indicating a se  | should be completed where<br>it correspondence address as<br>parate "FEE ADDRESS" for                                 |  |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  |  |  |  | Fee(s) Transmittal Th   | Note: A certificate of mailing can only be used for domestic mailings of the<br>Fee(s) Transmittal. This certificate cannot be used for any other accompanying |   |  |
| 22500   | 23589 7590 05/22/2006  |  |  |   | papers. Each additional paper, such as an assignment or formal drawing, must<br>have its own certificate of mailing or transmission.                           |   |  |
| HOVEY WILLIAMS LLP  |  |  |  | Certificate of Mailing or Transmission  |  |   |  |
| 2405 GRAND BL<br>KANSAS CITY, I   | VD., SUITE 400   |  |  | States Postal Service addressed to the Material transmitted to the USF  | nis Fcc(s) Transmittal is being<br>with sufficient postage for fill<br>Stop ISSUE FEE address<br>TO (571) 273-2885, on the                                     | rst class mail in an envelope<br>s above, or being facsimile<br>date indicated below.                                 |  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |  |  |  |   | (,,  | (Depositor's name)  |  |
|   |  |  |  |   |  | (Signature)   |  |
|   |  |  |  |   |  | (Date)  |  |
| APPLICATION NO. FILING DATE FIRST   |  |  | FIRST NAME   | D INVENTOR  | ATTORNEY DOCKET NO.  | CONFIRMATION NO.  |  |
| 10/710,939  | 08/13/2004   | L  | Daniel '   | W. Jones  | 34926-CIP1   | 7941  |  |
| TITLE OF INVENTION: MULTIPHASE CENTRIFUGAL COMPRESSOR   |  |  |  |   |  |   |  |
|   |  |  |  |   |  |   |  |
| APPLN, TYPE   | SMALL ENTITY   | ISSUEF   | EE   | PUBLICATION FEE   | TOTAL FEE(S) DUE   | DATE DUE  |  |
| nonprovisional  | YES  | \$700  |  | \$0   | \$700  | 08/22/2006  |  |
| EXAMINER  |  | ART UNIT   |  | CLASS-SUBCLASS  | 1  | 00/22/2000  |  |
| TRIEU, THAI BA  |  | 3748   |  | 123-559100  | J  |   |  |
|   |  |  |  | nting on the patent front page, li  | et   |   |  |
| CFR 1.363).   |  | ,  | 2. For printing on the patient tront page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,            |   |  |   |  |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  |  |  | (2) the name of a single firm (having as a member a 2  |   |  |   |  |
| ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.   |  |  | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |   |  |   |  |
|   |  |  |  |   |  |   |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. |  |  |  |   |  |   |  |
| recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  |  |  |  |   |  |   |  |
| Accessible Technologies, Inc. Lenexa, Kansas  |  |  |  |   |  |   |  |
|   |  |  |  |   |  |   |  |
| Please check the appropriate assignee eategory or eategories (will not be printed on the patent): 🔲 Individual 💹 Corporation or other private group entity  |  |  |  |   |  |   |  |
|   |  |  |  | . Payment of Fec(s):  |  |   |  |
| XX Issue Fee  | small entity discount permitte   | vd)  | ☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit eard. Form PTO-2038 is attached.                                      |   |  |   |  |
| ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies  |  |  | The Director is hereby authorized by charge the required fee(s), or credit any overnayment, to   |   |  |   |  |
| 5 Change in Entity Status   | (from status indicated above   | )  | Deposit /  | Account Number 19-0322  | (enclose an ext  | ra copý of this form).  |  |
| a. Applicant claims S   | MALL ENTITY status. See  | 37 CFR 1.27.   | ☐ b. Applic  | ant is no longer claiming SMA   | LL ENTITY status. Sec 37 C   | FR 1.27(g)(2).  |  |
| The Director of the USPTO<br>NOTE: The Issue Fee and P<br>interest as shown by the rec  | is requested to apply the Issu<br>bublication Fee (if required) vords of the United States Pare                                | ne Fee and Publicat<br>will not be accepted<br>out and Trademark                   | ion Fee (if ar<br>from anyone<br>Office.   | y) or to re-apply any previously<br>cother than the applicant; a regi   | y paid issue fee to the applications attorney or agent; or t   | ation identified above.<br>he assignce or other party in  |  |
| Authorized Signature  | (0)  | Toto   |  | Datc /  | lug. 11.200B   |   |  |
| Typed or printed name _   | Andrew G. Col  | ombo   |  | Registration N  | 40,865   |   |  |
| This collection of informatic<br>an application. Confidential<br>submitting the completed at<br>this form and/or suggestion:  | on is required by 37 CFR 1.3<br>ity is governed by 35 U.S.C.<br>oplication form to the USPT<br>is for reducing this burden, sh | II. The informatio<br>I22 and 37 CFR I<br>O. Time will vary<br>ould be sent to the | n is required<br>1.14. This col<br>depending up<br>Chief Inform  | to obtain or retain a benefit by t<br>lection is estimated to take 12 r<br>son the individual case. Any co<br>nation Officer, U.S. Patent and | he public which is to file (an<br>ninutes to complete, includir<br>mments on the amount of ti<br>Trademark Office, U.S. Den                                    | d by the USPTO to process)<br>ag gathering, preparing, and<br>me you require to complete<br>artment of Commerce. P.O. |  |

Box 1450, Alexandra, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandra, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.